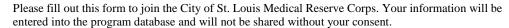
City of St. Louis MRC Application





Primary Contact Information First Name: Middle Initial: Last Name: DOB: Gender: \square M \square F Veteran: Yes No Address: City: State: Zip: Home Phone: Cell Phone: Work Phone: Ext.: E-mail: Pager: **Emergency Contact Information Primary Contact:** Relation: Address: City: State: Zip: Phone: Cell Phone: Pager: Alternate Contact: Relation: Address: City: State: Zip: Phone: Cell Phone: Pager: **Profession / Education** Are you a current student? ☐Yes ☐ No If yes, what school do you attend? Job Title: Employer: City: Employer Address: State: Zip Code: Work Status: FT Student FT Employee ☐ PT Employee ☐ Retired ☐ Not Practicing Are you part of an emergency response plan with If yes, which one(s): another organization? Yes No∏No **Professional License (If Applicable)** License Type: State: Lic. #: Expires: License Type: State: Lic. #: Expires: **Current or Most Recent Practice Setting** Clinic Office / Administrative Student ☐ Nursing Home / LTC Facility Other: Community Center ☐ Public/Community Health Government / Business ☐ Private Practice Health Department Research Hospital ☐ Teaching / Academia Maternal/Child Health Sales/Marketing

Other:

City of St. Louis MRC Application

Volunteer 1	Interests						
☐ I would li	ike to volunteer fo	r Ongoing Public	: Health Program	ns only.			
☐ I would li	ike to volunteer fo	r Public Health l	E mergency prepa	redness efforts or	nly.		
☐ I would li	ike to volunteer fo	r Public Health l	Programs and Pu	blic Health Eme	rgency Prepare	edness efforts.	
Disaster Clinical Commu Commu Emerger	nterests (Select / Emergency Re Services nity Health Educ nicable Disease ncy Preparednes	esponse cation Mgmt.)	 ☐ Mass Prophylaxis/Immunization ☐ Special Needs Shelters ☐ Well-Child Immunizations ☐ Program Building/Task Forces ☐ Other 			
Availability Weekday		Tuesday	Wadnasday	Thursday	Friday	Saturday	Sunday
Duration	Monday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Tuesday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Wednesday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Thursday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Friday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Saturday ☐ 1-2 Hrs ☐ 3-4 Hrs ☐ 4-8 Hrs ☐ 8+ Hrs	Sunday 1-2 Hrs 3-4 Hrs 4-8 Hrs 8+ Hrs
Time of Day	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible	☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible
Other Info	rmation			I			
Other volunteer commitments:				Approx. hours dedicated to other volunteer activities:			
Special skills (languages, computer, etc.):				List any special needs or work restrictions:			
How did you hear about the City of St. Louis Medical Reserve Corps?				Other information we should know about you:			
I hereby certify that all information on this application is accurate and correct and hereby make application to the City of St. Louis Medical Reserve Corps. I understand that I am applying for a volunteer position and this is not an application for, nor a contract of, employment. I understand that this application does not automatically make me a credentialed volunteer and that further interviews and training will take place. I understand that every attempt will be made to reduce the risks to volunteers; however some risks may be presented during a public health emergency or disaster. I further understand and give written permission for the City of St. Louis Medical Reserve Corps to submit my name for criminal and driving background checks. Also, I realize that my professional licensure status will be verified. Signature:						Thank you for Registering! Return form to: City of St. Louis Department of Health Attn: MRC Coordinator 1520 Market Street Suite 4045 St. Louis MO 63103 Phone: 314-657-1546 E-mail: curtisp@stlouis-mo.gov	